F 41S R TC41S11 M 9-12-01

IDAHO S CORPORATION INCOME TAX RETURN

1			A
	u	u	

Check the box if this is an amended return.								
See instructions, page 9 for the reasons								
for amending and enter the number.		Mo	Day	Year 01	Mo	Day) 	⁄ear
<u> </u>	For calendar year 2001, or fiscal year				ending			
Business name		Federal employer iden	tification nu	mber		-	F	М
		•					•	
Business mailing address		Do you need Idaho ir mailed to you next ye		forms	☐ Yes	•		No
City, State and Zip Code								—
Did the corporate name change? If yes, enter	er the previous name.				Yes			No
2. If a federal audit was finalized this year, enter	-							110
3. Is this an inactive corporation or nameholder					Yes			No
4. Quarterly estimated payments:								110
	s required?				Yes			No
Were federal quarterly estimated payments required? Were quarterly estimated payments based on annualized amounts?						=	No	
5. Is this a final return?							=	No
If yes, check the proper box below and enter								
Withdrawn from Idaho	Dissolved				•			
Merged or reorganized. Enter new fed	deral employer identification num	ber			_			
6. Is this an electrical or telephone utility?					Yes	•		No
7. Did the ownership change during the year?						•		No
8. a. Enter the amount of investment tax credit e								
b. Enter the amount of recapture of investmen								
9. Enter the amount of credit for qualifying new								
10. a. Enter the amount of credit for Idaho research								
b. Enter the amount of broadband equipment								
c. Enter the amount of incentive investment to		-						
INCOME								
11. Ordinary income (loss). Form 1120S, page 1				∎ 1	1			
12. Net income (loss) from rental real estate activ	rities. Form 1120S, Schedule K			∎ 1	12			
13. Net income (loss) from other rental activities. Form 1120S, Schedule K		■ 1	13					
14. Portfolio income (loss). Form 1120S, Schedule K			4					
15. Other income (loss). Form 1120S, Schedule	K			∎ 1	15			
16. Deductions. Form 1120S, Schedule K		■ 1	16					
17. Net distributable income. Add lines 11 through	gh 15, and subtract line 16.			1	17			
ADDITIONS								
18. Interest and dividends not taxable under Inter				L.	18			
19. State, municipal and local taxes measured by					19			
20. Other additions				■ 2	20			
O4 Add lines 47 through 20								
21. Add lines 17 through 20.				2	21			
SUBTRACTIONS 22. Interest from Idaho municipal securities								
23. Interest on U.S. Government obligations. Atta								
24. Interest and other expenses related to lines 2								
25. Add lines 22 and 23, and subtract line 24					25			
26. Technological equipment donation				F	26 26			
27. Allocated income. Attach a schedule				• 2	20			
28. Interest and other expenses related to line 27								
					29			
T. I. I A.I.I. 05 00 100		F	30					
25. 12.3. 335.135.13				S	,,,			
31. Net business income subject to apportionme	nt. Subtract line 30 from line 21.			- 3	31			

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32. Net business income subject to apportionment . Enter the amount from line 31			32	
33.	33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and			•
	attach Form 42. Enter the apportionment factor from line 21, Part I, Form 42.			%
34.	Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33	•	34	
35.	Income allocated to Idaho. See instructions.	•	35	
36.	Idaho compensation of individual officers, directors, and shareholders not reported to Idaho	•	36	
37. S corporation income reported to Idaho on shareholders' income tax returns			37	
38.	Idaho taxable income. Add lines 34 through 36, and subtract line 37.	-	38	
	COMPUTATION COMPUTATION			
<u>39.</u>	Idaho income tax. Multiply line 38 by 7.6%.	•	39	
CR	EDITS			
40.	Credit for contributions to educational entities			
41.	Investment tax credit. Attach Form 49			
42.	Credit for contributions to youth and rehabilitation facilities 42			
43.	Credit for production equipment using post-consumer waste 43			
	Natural resources conservation credit 44			
45.	Promoter-sponsored event credit 45			
46.	Credit for qualifying new employees. Attach Form 55 46			
	Credit for Idaho research activities. Attach Form 67			
48.	Broadband equipment investment credit. Attach Form 68 48			
	Incentive investment tax credit. Attach Form 69 49			
	Total credits. Add lines 40 through 49.		50	
	Subtract line 50 from line 39. If line 50 is greater than line 39, enter zero.		51	
ОТ	HER TAXES			
	Minimum tax. See instructions if the S corporation owes federal tax.		52	20
	Permanent building fund tax. See instructions.	•	53	
54. Fuels tax due. Attach Form 75			54	
55. Tax from recapture of investment tax credit. Attach Form 49R.		-	55	
EG	Total tax, Add lines 51 through 55		EG	
	56. Total tax. Add lines 51 through 55. 57. Underpayment interest. Attach Form 41ESR		56	
	57. Underpayment Interest. Attach Form 41ESR		57	
			58	
	/MENTS and OTHER CREDITS			
09.	Estimated tax payments	•	59	
	Total payments and other credits. Add line 59 and line 60.		60	
	ENDED RETURN ONLY Skip lines 62 through 64 if you are not filing an amended return.		61	
	Tax paid with or after the filing of the original return			
	Overpayment, if any, as shown on the original return, or as later adjusted		62	
	Add line 61 and line 62 and subtract line 63.	•	63	
04.			64	
	Original returns: If line 58 is more than line 61, GO TO LINE 65. If line 58 is less than line 61, GO TO LINE 68. Amended returns: If line 58 is more than line 64, GO TO LINE 65. If line 58 is less than line 64, GO TO LINE 68.			
	FUND or PAYMENT DUE		65	
	65. Tax Due. If an original return, subtract line 61 from line 58. If an amended return, subtract line 64 from line 58.			
	6. Penalty • Interest from due date • Enter total.		66	
	TOTAL DUE. Add lines 65 and 66.	•	67	
68.	Overpayment. If an original return, subtract line 58 from line 61. If an amended return, subtract line 58 from line 64.			
69.	REFUND. Amount of line 68 you want refunded to you 69			
70.	ESTIMATED TAX. Amount you want credited to your 2002 estimated tax. Subtract line 69 from line 68.		70	
	Within 180 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it.			

Paid preparer's signature

Address and phone number

Preparer's EIN, SSN, or PTIN

Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

Phone number

Signature of officer

SIGN HERE Title